



Name: _____ Student ID#: _____

Address: _____

Cell phone: _____ Email: _____ Major: _____

Request *(Please be specific)*:

Reason for request:

Student Signature: _____ Date: _____

Please submit completed form to the Office of the UC Registrar. All necessary signatures will be obtained for you.

Ph: 626-857-2494 | Email: registrar@uc.apu.edu

Signature Section

Academic Dean/Designee: _____ Date: _____

Approve Deny

Comments (required): _____

Financial Services _____ Date: _____

Approve Deny

Comments (required): _____

Registrar Office Use Only

Approve Deny

Signed: _____ Date: _____

Comments: _____

Logged: _____